

YOUNG ARTIST WINTER STUDIO CLASSES (Ages 7-12)



Come join the fun!

Let your imagination guide you to create sculptures, paintings, collages, drawings and more!

Classes will be for **SIX** weeks and will be held at “**Studio in the Park**” at
Waid Park or **Dudley Elementary School**.

Students must be registered **one week** prior to start of class.

Come dressed to have fun, get messy and be artistic with your friends!

When: Begins Tuesday, December 6th from 7pm-8pm @ Waid Park
Begins Thursday, December 8th from 6pm-7pm @ Dudley Elementary
Cost: \$30.00 per student

To register: Fill out the back of this form, mail form and payment to:

Franklin County Parks & Recreation
2150 Sontag Road
Rocky Mount, VA 24151
540-483-9293 office 540-483-0040 fax
www.franklincountyva.org/parks

Please call Melissa Allen, instructor, at
540-493-2151 for more information.



**Franklin County Parks and Recreation Registration
and Liability Waiver Form – 2011 Winter Young Artist Studio**

Child's Name _____ **Age** _____

Mailing Address _____ **DOB** _____

City _____ **Zip** _____

Guardian's Email Address _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission for my child to be photographed and his/her artwork used in any form of publication to promote Franklin County Parks and Recreation.**

Signature of Parent / Guardian _____
(if participant is under 18 years of age)

I have the following physical impairments or medical conditions, including allergic reactions:

Current medications that participant is taking now:

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____